

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 015 ***150.00

DOCUMENT # P99000110569

1. Entity Name

SAVE N SELL, INC.

Principal Place of Business

**777 S. FEDERAL HIGHWAY
 SUITE D-303
 POMPANO BEACH FL 33062**

Mailing Address

**777 S. FEDERAL HIGHWAY
 SUITE D-303
 POMPANO BEACH FL 33062**

2. Principal Place of Business

777 S FEDERAL Hwy

Suite, Apt. #, etc.

APT RP-304

City & State

Pompano Beach FL

Zip

33062

Country

USA

3. Mailing Address

777 S FEDERAL Hwy

Suite, Apt. #, etc.

APT RP 304

City & State

Pompano FL

Zip

33062

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1011489

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARD, BRAD
 777 S. FEDERAL HIGHWAY
 SUITE D-303
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

BRAD WARD

Street Address (P.O. Box Number is Not Acceptable)

777 S FEDERAL Hwy,

APT RP-304

City

Pompano Beach

FL

Zip Code

33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Required Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒

FILE NOW !! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
 NAME **BRAD WARD**
 STREET ADDRESS **777 S FEDERAL Hwy, RP-304**
 CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: **Brad Ward** **BRAD WARD**

5/29/01

954-295-4028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)